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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:23

DOCUMENT # **N10028** **(1)**

1. Corporation Name

ROTARY CLUB OF CASSELBERRY CHARITABLE FOUNDATION , INC.

Principal Place of Business	Mailing Address
5250 SOUTH U. S. HIGHWAY 17-92 P O BOX 180695 CASSELBERRY FL 32718-7695	5250 SOUTH U. S. HIGHWAY 17-92 P O BOX 180695 CASSELBERRY FL 32718-7695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2542609 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

OWEN, RICHARD B.
5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	P/D ☒ Change ☒ Addition
NAME	VISSER, LARRY	1.2 NAME	
STREET ADDRESS	992 CARRIBBEAN PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	32707
TITLE	SD	2.1 TITLE	☐ Change ☒ Addition
NAME	OWEN, MARY	2.2 NAME	
STREET ADDRESS	1001 RED BUG RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	32707
TITLE	TD	3.1 TITLE	☒ Change ☒ Addition
NAME	FREEMAN, DAN	3.2 NAME	
STREET ADDRESS	222 CARRIAGE HILL DR.	3.3 STREET ADDRESS	5200 S. US HWY 17-92
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	CELONES, BEN	4.2 NAME	BALL, MARGUERITE
STREET ADDRESS	204 DOVERWOOD RD	4.3 STREET ADDRESS	1255 MARINA POINT #307
CITY-ST-ZIP	FERN PARK FL	4.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	PD	5.1 TITLE	D ☒ Change ☒ Addition
NAME	REID, BOB	5.2 NAME	
STREET ADDRESS	481 PRARIE LAKE COVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRS FL	5.4 CITY-ST-ZIP	32701
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	GUTHRIE, DOUG	6.2 NAME	
STREET ADDRESS	208 PAUL MCCLURE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	6.4 CITY-ST-ZIP	32707

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 01/18/95 (407) 830-4004
SIGNATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR — Date — Daytime Phone #
LARRY VISSER, DIRECTOR

0031077